

Quality Council

Meeting Date	Meeting Time	Location
June 16, 2022	4:00 pm – 6:00 pm	Zoom Meeting Recording

Participant Name and Attendance Council Members					
Susannah Bernheim	R	Amy Gagliardi	R	Andy Selinger (Co-Chair)	R
Amy Bethge	R	Karin Haberlin	R	Marlene St. Juste	R
Rohit Bhalla	R	Danyal Ibrahim	R	Daniel Tobin	R
Ellen Carter	R	Michael Jefferson	R	Alison Vail	R
Elizabeth Courtney	X	Paul Kidwell	X	Steve Wolfson	R
Monique Crawford/Stephanie De Abreu	R	Jeffrey Langsam/Doug Nichols	R		
Sandra Czunas	R	Joe Quaranta	R		
Lisa Freeman	R	Brad Richards	R		

Supporting Leadership & Other Participants					
Hanna Nagy, OHS	R	Michael Bailit, Bailit Health	R	Grace Flaherty, Bailit Health	R
Jeannina Thompson, OHS	R	R = Attended Remotely; IP = In Person; X = Did Not Attend			
Kelly Sinko, OHS	R				

Agenda			
#	Topic	Responsible Party	Time
1.	Welcome and Call to Order	Hanna Nagy, OHS	4:00pm
	Hanna Nagy called the meeting to order at 4:02pm.		
2.	Public Comment	Attendees	4:05pm
	Hanna Nagy welcomed public comment. There was none.		
3.	Council Action: Approval of Minutes:	Council Members	4:15pm
	Amy Gagliardi motioned to approve the May 19 th meeting minutes. Sandra Czunas seconded the motion. No one objected to or abstained from approving the meeting minutes. The motion passed.		
4.	Follow-Up Items from May Meeting	Michael Bailit, Bailit Health	4:20pm
	<p>Update from OHS Kelly Sinko shared that Vicki Veltri would be leaving her position as Executive Director of OHS and that Deputy Director and Chief of Staff Kim Martone would be taking on Vicki Veltri’s responsibilities until another Executive Director is appointed.</p> <p>Social Determinants of Health (SDOH) Screening Measure Specifications Michael Bailit reviewed the draft specifications for <i>SDOH Screening</i>, which were circulated prior to the meeting. Michael welcomed feedback from Quality Council members on the <i>SDOH Screening</i> measure specifications.</p> <ul style="list-style-type: none"> A member asked about the data collection and reporting method. Michael said the specifications did not specify data collection methods but shared that in Rhode Island, some providers coded in their EHR for the SDOH screening measure and submitted the codes to insurers, while others recorded the information using other methods that required manual extraction. A member asked if the measure would capture whether the screening happened or the results of the screen. Michael confirmed that the measure would only capture whether the screen was performed. A member asked how the measure would be extracted from the EHR, given it would be qualitative (i.e., stored in free text) and not quantitative. Michael said provider organizations can create EHR structured 		

fields for the SDOH screening domains so that they need not rely upon free text fields. The member also suggested that economic security be added as an additional domain.

- A member suggested that the measure specifications be modified to exclude urgent visits.
- A member suggested editing the inclusion criteria to only include individuals that have a well-care visit, rather than adding an exclusion criteria for urgent visits. The member also suggested broadening the utility assistance domain to economic insecurity. Three members supported the suggestions.
- **Recommendation:** Edit the SDOH Screening measure specifications to include well-care visits as an inclusion criteria and replace the utility assistance domain with economic insecurity.

Health Equity Measure

Michael Bailit asked the Quality Council whether it wanted to add *Health Equity Measure* to the Core Measure Set. Michael also suggested that *Health Equity Measure* be an “On-Deck” Core Measure for the 2024 Aligned Measure Set, in order to satisfy the Core Measure selection criteria while also acknowledging that the Quality Council’s *Health Equity Measure* is a new measure that has not been broadly implemented.

- A member supported waiting to add the *Health Equity Measure* to the Core Measure Set until after CMS finalized its inpatient health equity measure proposal.
- Five members supported adding *Health Equity Measure* to the 2023 Core Measure Set.
- A member noted the deep racial disparities for *Prenatal and Postpartum Care*.
- A DSS representative supported adding the *Health Equity Measure* and noted DSS’ progress stratifying measure performance by race and ethnicity.
- Michael noted that *Health Equity Measure* would require capture of race, ethnicity and language data. Michael noted that providers tend to have relatively complete race, ethnicity and language data but most payers do not.
- A member asked whether providers and patients needed to agree on the patient’s race designation. Grace Flaherty confirmed the Health Equity Measure specifications indicate that the patient’s race, ethnicity and language data should be self-reported.
- **Recommendation:** Add *Health Equity Measure* to the 2023 Core Measure Set.

5.	Reflections on 2022 Annual Review Process	Michael Bailit, Bailit Health	4:40pm
<p>Michael solicited feedback from the Quality Council on the 2022 Annual Review process.</p> <ul style="list-style-type: none"> • A member said they would have liked to have seen the Quality Council make more ambitious changes to the Aligned Measure Set, for example by creating homegrown measures. Michael noted that the Quality Council did create a homegrown SDOH measure and a health equity measure. Michael said that creating new measures is unfortunately a time and resource-intensive process and acknowledged that it is frustrating when there is a gap that cannot be filled by existing measures. • A member noted that homegrown measures are difficult for benchmarking performance. • A member said the measure selection criteria were helpful. 			
5.	Results of the 2022 Quality Council Insurer Survey	Grace Flaherty, Bailit Health	5:00pm
<p>Grace Flaherty reminded the Quality Council about the 2022 Quality Council Insurer Survey and the data collected. Grace shared the methodology for calculating insurer fidelity scores. Grace then reported insurer fidelity scores for Aetna, Anthem, Cigna, ConnectiCare and UnitedHealthcare. Grace also shared the list of non-Aligned Measure Set measures in use by insurers.</p> <ul style="list-style-type: none"> • A member suggested weighting fidelity scores by the number of attributed lives per Advanced Network contract because fidelity may vary by contract size. Michael Bailit noted that this could reduce fidelity scores, since larger provider organizations with more negotiating leverage might be better able to negotiate for use of non-aligned measures. • Grace Flaherty confirmed for a member that insurers had received their fidelity scores prior to the meeting. • Michael Bailit noted that fidelity scores in the high 80 percent range were very good, because 100 percent alignment was difficult given the use of multi-year provider contracts and the small changes that happen in the Aligned Measure Set from year to year. 			

	<ul style="list-style-type: none"> • A member asked, and Grace Flaherty confirmed, that OHS gave measure specifications to insurers as part of the survey. • A member recommended OHS publicly report the results to motivate improved insurer fidelity. 		
9.	<u>Council Action:</u> Wrap-up and Meeting Adjournment	Hanna Nagy, OHS	6:00pm
	<p>Hanna shared that the Quality Council would not meet in July or August and meetings would resume in September.</p> <p>Steve Wolfson made a motion to adjourn the meeting. Brad Richards seconded the motion. There were no objections. The meeting adjourned at 5:07pm.</p>		

Upcoming Meeting Dates:

September 15, 2022 (4:00 – 6:00pm)

All meeting information and materials are published on the OHS website located at:

[Quality Council \(ct.gov\)](http://Quality Council (ct.gov))

DRAFT